

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 10/1683531P  
APPLICANT'S FILE NUMBER

**CLAIMS**

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1					
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50					
<b>TOTAL IND.</b>					
<b>TOTAL DEP.</b>					
<b>TOTAL CLAIMS</b>					

IND.	DEP.	IND.	DEP.	IND.	DEP.
51					
52					
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100					
<b>TOTAL IND.</b>	4				
<b>TOTAL DEP.</b>	29				
<b>TOTAL CLAIMS</b>	33				

PTO-1360 (3-78)

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE  
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